SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Derathy Hagen   Agent   Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No
COLOR COUNTRY ROCK LLC 115 S MAIN VEYO UT 84782	
	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
EB 10-18-10 8/053/0076	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	510 0004 1824 7197
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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U.S. Postal Service CERTIFIED MAIL RECEIPT 7197 (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com # 182 5/053/0076 mi-2010-17-07 Postage 4000 Certified Fee Postmark Return Receipt Fee Here (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 5 П 4002 Ser COLOR COUNTRY ROCK LLC **115 S MAIN** or VEYO UT 84782 Cit

See Reverse for Instructions

PS Form 3800. June 2002